

UNITED STATES DISTRICT COURT

SOUTHERN DISTRICT OF NEW YORK

RECEIVED
SDNY DOCKET UNIT
2017 MAY 15 PM 3:37

17CV3652

Vidal Whitley
10 B2619 DIN
Sing Sing Correctional Facility
354 Hunter Street
05510 Sing Sing, NEW YORK 10562
(IN THE SPACE ABOVE ENTER THE FULL NAME(S) OF THE PLAINTIFF(S).)

Complaint

under the

^{v.}
NYS DOCCS
GREEN HAVEN CORRECTIONAL FACILITY
PUTNAM Hospital Doctor
Civil Rights Act, 42 U.S.C. 1983

Defendant No. 1 Correctional Officer

Vincent ORT

Jury Trial: Yes ☒ No ☐

Defendant No. 2 Doctor Robert

(check one)

Besti Vignia

Defendant No. 3 Correctional Officer

James Sutter V Junior

Defendant No. 4 Doctor Van der Steeg

PUTNAM Hospital

Defendant No. 5 Nurse Deborah McDonald

(In the space above, enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write, "see attached," in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. No addresses should be included here.)

Parties in this complaint:

List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff: Name Vidal Maurice Whitley
 ID # 0 B2619
 Current Institution SING SING CORRECTIONAL Facility
 Address 354 HUNTER STREET
OSSENING, New York 10562

List all defendants' names, positions, places of employment, and the address where each defendant may be served/ Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Co Vincent ORT Shield # _____
 Where Currently Employed GREEN HAVEN Correctional Facility
 Address _____

Defendant No. 2 Name Doctor Robert Benthivega Shield # _____
 Where Currently Employed GREEN HAVEN CORRECTIONAL Facility
 Address _____

Defendant No. 3 Name Co James SUTHER V Shield # _____
 Where Currently Employed GREEN HAVEN Correctional Facility
 Address _____

Defendant No. 4

Name Doctor Vander Steeg Shield # _____Where Currently Employed PUTNAM HospitalAddress PUTNAM Hospital670 STONELEIGH AVE, CARMEL New York
10512-3997

Defendant No. 5

Name NURSE Debrah Macdonald Shield # _____Where Currently Employed GREEN HAVEN CORRECTIONAL FACILITY

Address _____

Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates, and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not give any legal arguments or cite any cases or statutes. If you intent to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

In what institution did the events giving rise to your claim(s) occur? GREEN HAVEN
CORRECTIONAL FACILITY

Where in the institution did the events giving rise to your claim(s) occur? 2nd Floor
Clinic Infirmary & Mental Health Observation unit
& PUTNAM Hospital

What date and approximate time did the events giving rise to your claim(s) occur? _____

7/22/2016 5.00 PM to 7.30 PM

Facts: Officer Vincent ORT & 3 other officers whom I don't know
attacked me while I had on a mental health block & beat me
up & I observed Co Vincent ORT Fumble with his zipper
& belt & I felt him insert something down & forward in
my rectum it lasted for about 5 minutes & as officer
ORT left he stated whiffy you a Bitch you a bitch
& after that I was removed by officers & a sergeant so they
could clean up the area & I was located to mental health observation
tanks & violated Policy & procedure in the fact that I had
not yet even been cleared to be back in the the inmate
population by medical cause I had not been seen by a doctor

I told several staff about me getting beat & raped & they would tease me ignore me or run by my cell. Instead of alerting PREA several medical staff allowed security to tell them to stand down even though they knew the sexual assault had taken place days went by & I couldn't believe this nastiness & filth occurred to me & I lost it & I tried to hang myself off the cell put my arm out the cell & refused to move it until someone done there jobs & got me some medical assistance as my rectum hurt out & ragedously & co to get ordered Co James gutter V to beat my arm repeatedly with the state issue BATON several times until I could no longer take it & I attempted to hang myself

Injuries: ETCOR A came & rectified the situation Bruised BA on my left arm cuts in my neck from home mad loose & rectal pain from

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. outside Hospital Anti Biotic Being Raped

ointment for my neck Tylenol & motion for my arm & my back's opened & looked in by the doctor I was DEPRIVED of RAPE KIT & RAPE ADVOCATE & an opportunity to speak to the state police By doctor Vander Steeg I received X RAYS

Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act of 1995, 42 U.S.C. 1997e(a), requires that, "no action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison or other correctional facility where you were confined at the time of the events giving rise to your claim(s). GREEN HAVEN CORRECTIONAL FACILITY

Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure? Yes ☒ No ☐ Do Not Know ☐

Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claim(s)? Yes ☒ No ☐ Do Not Know ☐

If YES, which claim(s)? Being Raped, Beat with a Baton and not justified & medical refusing to take pictures of my injuries

Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose not cover some of your claim(s)? Yes ☐ No ☐ Do Not Know ☒

If YES, which claim(s)? I wrote the grievances when I got transferred to Sing Sing I have revised them however does plays dirty

Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose? Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility? Yes ☐ No ☐

If you did file a grievance about the events described in this complaint, where did you file the grievance? GREEN HAVEN Correctional Facility & Sing Sing Correctional Facility

Which claim(s) in this complaint did you grieve? Rape, Assault, Violation of Constitutional Rights as well as my mental health Patient Bill of Rights

What was the result, if any? I've been interviewed by Sgt Canasans IGP Quendera Quik IG & OR OSI & now I've heard nothing

What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I grieved it originally in Green Haven

Then in Sing Sing appealed them sent them to CORC. I was not even given Hearing for these very honest Relevant Grievances I told the entire GREEN HAVEN Correctional Administration what happened no one came their jobs but Captain Thompson, Melville and Lieutenant CORA

If you did file a grievance, did you inform any officials of your claim(s)? Yes ☒ No ☐

If YES, whom did you inform and when did you inform them? Dep of Security Wilkerson

of Green Haven also the Captain of Green Haven who runs PREA medical Lieutenant CORA & grievance supervisors Both of Green Haven & IGP Quendera Quik of Sing Sing JMH Therapist of Sing Sing PREA at Sing Sing & so many others its a shame

Parties to this previous lawsuit:

Plaintiff _____

Defendants _____

Court (if federal court, name the district; if state court, name the county) _____

Docket or Index number: _____

Name of Judge assigned to your case: _____

Approximate date of filing lawsuit: _____

Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition: _____

What was the result of the case? (for example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment? Yes _____ No ✓ _____

If your answer to C is YES, describe each lawsuit in questions 1 through 7 on the next page. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

Parties to this previous lawsuit:

Plaintiff Videl Whitley

Defendants Sergeant J. Miller

Court (if federal court, name the district; if state court, name the county) Northern

Docket or Index number: _____

Name of Judge assigned to your case: DAVID N Hurd

Approximate date of filing lawsuit: Nov 19 2012

Is the case still pending? Yes No

If NO, give the approximate date of disposition: 2014 May

What was the result of the case? (for example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) YES THE JUDGE

IN THE AMOUNT OF \$15,000.00

Signed this 22 day of March, 2017. I declare under penalty of perjury that the foregoing is true and correct.

Signature of Plaintiff Ridel M. Whitely

Inmate Number 1062619

Mailing Address Sing Sing Correctional Facility
354 HUNTER STREET
ASSINING, New York 10562

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury on this 22 day of March, 2017, I will deliver this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: Ridel M. Whitely